

**OFFICIAL**

*Territory - Virgin Islands*

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Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other  
Required Special Groups (Continued)

1634(e) of  
the Act

28. a. Each person to whom SSI benefits by reason of disability are not payable for any month solely by reason of clause (i) or (v) of Section 1611(e)(3)(A) shall be treated, for purposes of title XIX, as receiving SSI benefits for the month.

— b. The State / applies more restrictive eligibility standards than those under SSI.

Individuals whose eligibility for SSI benefits are based solely on disability who are not payable for any months solely by reason of clause (i) or (v) of Section 1611(e)(3)(A), and who continue to meet the more restrictive requirements for Medicaid eligibility under the State plan, are eligible for Medicaid as categorically needy.

**THE VIRGIN ISLANDS DOES NOT HAVE AN SSI PROGRAM**

*Not Applicable*

\*Agency that determines eligibility for coverage.

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TN No. 96-01  
Supersedes  
TN No. **New**

Approval Date NOV 12 1996 Effective Date OCT - 1 1996

State/Territory: Virgin islands

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy  
(Continued)

42 CFR 435.212 &  
1902(e)(2) of the  
Act, P.L. 99-272  
(section 9517) P.L.  
101-508 (section  
4732)

3. The State deems as eligible those individuals who became otherwise ineligible for Medicaid while enrolled in an HMO qualified under Title XIII of the Public Health Service Act or while enrolled in an entity described in section 1903(m)(2)(B)(iii), (E) or (G) of the Act, or a Competitive Medical Plan (CMP) with a Medicare contract under section 1876 of the Act, but who have been enrolled in the HMO or entity for less than the minimum enrollment period listed below. The HMO or entity must have a risk contract as specified in 42 CFR 434.20(a). Coverage under this section is limited to HMO services and family planning services described in section 1905(a)(4)(C).

— The State elects not to guarantee eligibility.

— The State elects to guarantee eligibility. The minimum enrollment period is \_\_\_\_\_ months (not to exceed six).

The State measures the minimum enrollment period from:

— The date beginning the period of enrollment in the HMO or other entity, without any intervening disenrollment, regardless of Medicaid eligibility.

— The date beginning the period of enrollment in the HMO as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.

— The date beginning the last period of enrollment in the HMO as a Medicaid patient (not including periods when payment is made under this section), without any intervening disenrollment of periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section.)

Not Applicable

\*Agency that determines eligibility for coverage.

TN No. 91-8 Approval Date FEB 21 1992 Effective Date DEC 31 1991  
Supersedes  
TN No. 91-6 HCFA ID: 7983E

**OFFICIAL**

State/Territory: Virgin Islands

Agency*	Citation(s)	Groups Covered
		<b>B. <u>Optional Groups Other Than the Medically Needy</u></b> (Continued)
1903(m)(2)(F) of the Act, P.L. 98-369 (section 2364), P.L. 99-272 (section 9517), P.L. 101-508 (section 4732)		<p>The Medicaid Agency may elect to restrict the disenrollment rights of Medicaid enrollees of certain Federally qualified HMOs, Competitive Medical Plans (CMPs) with Medicare contracts under section 1876 of the Act, and other organizations described in 42 CFR 434.27(d), in accordance with the regulations at 42 CFR 434.27. This requirement applies unless a recipient can demonstrate good cause for disenrolling or if he/she moves out of the entity's service area or becomes ineligible.</p> <p>___ Disenrollment rights are restricted for a period of ___ months (not to exceed 6 months).</p> <p>During the first month of each enrollment period the recipient may disenroll without cause. The State will provide notification, at least twice per year, to recipients enrolled with such organization of their right to and restrictions of terminating such enrollment.</p> <p>___ No restrictions upon disenrollment rights.</p>
1903(m)(2)(H), 1902(a)(52) of the Act P.L. 101-508 (section 4732)		<p>In the case of individuals who have become ineligible for Medicaid for the brief period described in section 1903(m)(2)(H) and who were enrolled with an entity having a contract under section 1903(m) when they became ineligible, the Medicaid agency may elect to reenroll those individuals in the same entity if that entity still has a contract.</p> <p>___ The agency elects to reenroll the above individuals who are ineligible in a month but in the succeeding two months become eligible, into the same entity in which they were enrolled at the time eligibility was lost.</p> <p>___ The agency elects not to reenroll above individuals into the same entity in which they were previously enrolled.</p>

Not Applicable

\*Agency that determines eligibility for coverage.

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State/Territory: Virgin Islands

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy  
(Continued)

42 CFR 435.217

- 4. A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.

Not Applicable

\*Agency that determines eligibility for coverage.

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**OFFICIAL**

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AUGUST 1991

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Agency\*      Citation(s)      Groups Covered

B. Optional Groups Other Than the Medically Needy  
Continued)

1902(a) —  
(10)(A)(ii)  
(V) of the  
Act

7. Individuals who are in institutions for at least 30 consecutive days and who are eligible under a special income level. Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in Supplement 1 to Attachment 2.6-A.

— The State covers all individuals as described above.

— The State covers only the following group or groups of individuals:

- Aged
- Blind
- Disabled
- Individuals under the age of--
  - 21
  - 20
  - 19
  - 18
- Caretaker relatives
- Pregnant women

DE

42 CFR X  
436.220

8. Individuals who would be eligible for AFDC if their work-related child care costs were paid from earnings rather than as a service expenditure by the agency. The AFDC plan deducts work-related child care costs from income to determine the amount of AFDC.

X The State covers all individuals as described above.

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AUGUST 1991

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy  
(Continued)

— The State covers only the following groups or groups of individuals:

1902(a)(10)	— Individuals under the age of--
(A)(ii) and	— 21
1905(a) of	— 20
the Act	— 19
	— 18
	— Caretaker relatives
	— Pregnant women

436.210 9. X a. All individuals who are not  
436.222 described in section  
1902(a)(10)(A)(i) of the Act,  
(A)(i) of the Act and who meet the income and  
resource requirements of the  
AFDC State plan and who are 21 years of  
age, or younger as indicated below:

— 20  
— 19  
— 18

— b. Reasonable classifications of individuals described in (a) above as follows:

— (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:

— (a) In foster homes (and are under the age of \_\_\_\_).

— (b) In private institutions (and are under the age of \_\_\_\_).

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B. Optional Groups Other Than the Medically Needy  
(Continued)

- |  |     |   |
|--|-----|---|
|  | (c) | In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and under the age of ____).   |
|  | (2) | Individuals in adoptions subsidized in full or part by a public agency (who are under the age of ____).   |
|  | (3) | Individuals in NFs (who are under the age of ____).   |
|  | (4) | In addition to the group under (b)(3), the individuals in ICF/MRs (who are under the age of ____).  |
|  | (5) | Individuals in psychiatric facilities or programs (who are under the age of ____).  |
|  | (6) | Other defined groups (and ages), as specified in <u>Supplement 1 of ATTACHMENT 2.2-A</u> .  |
| 1902(a)(10)<br>(A)(ii)(VIII)<br>of the Act | 10. | A child for whom there is in effect a State adoption assistance agreement (other than under title IV-E of the Act), who, as determined by the State adoption agency, cannot be placed for adoption without medical assistance because the child has special needs for medical or rehabilitative care, and who before execution of the agreement-- |

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy  
(Continued)

- (a) Was eligible for Medicaid under the State's approved Medicaid plan; or
- (b) Would have been eligible for Medicaid if the standards and methodologies of title IV-E of the Act for the foster care program were applied rather than using the AFDC standards and methodologies.

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Agency\* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy  
(Continued)

The State covers only the following group or groups  
of individuals under the age of--

\_\_\_ 21  
\_\_\_ 20  
\_\_\_ 19  
\_\_\_ 18

• DH 42 CFR X  
436.230 \_\_\_

11. Essential spouse of a recipient of:

X OAA X AB X APTD \_\_\_ AABD

Spouse is living with and determined essential to  
the well being of the recipient of OAA, AB, APTD,  
or AABD, and his (her) needs are taken into  
consideration in determining the amount of  
financial assistance.

1902 \_\_\_  
(a)(10)  
(A)(1)(IV),  
1902(a)(10)  
(A)(11)(IX)  
1902(1), and  
1902(1)(4)(B)  
of the Act

12. Low income pregnant women and infants  
described in section 1902(1) of the Act.

Supplement 1 to ATTACHMENT 2.6-A specifies the  
income level (established at an amount up to  
185 percent of the Federal poverty level) for  
this group. Supplement 3 of ATTACHMENT 2.6-A  
specifies any resource standards for this group.

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Agency*	Citation(s)	Groups Covered
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**B. Optional Groups Other Than the Medically Needy**  
**(Continued)**

1902(a)(10)(A)  
(1)(VI) and  
1902(1)(1)(C)  
of the Act

13. — Low income children described in section 1902(1)(1)(C) of the Act who have attained 1 year of age but have not attained 6 years of age, with family incomes at or below 133 percent of the Federal poverty levels, who are described in sections 1902(a)(10)(A)(1)(VI) and 1902(1)(1)(C) of the Act. The income level for this group is specified in Supplement 1 to ATTACHMENT 2.6-A. Supplement 3 of ATTACHMENT 2.6-A specifies any resource standards for this group.

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